

CHILDREN'S ADMINISTRATION DIVISION OF CHILDREN AND FAMILY SERVICES

FC Special Supervision Service Code 3247 Approval Checklist

SOCIA	AL WORKER:		DATE:
CHILD'S NAME:			PERSON ID:
The following have been completed:		The following are included in this packet:	
	3210 or 3211	Printed copy of authorization	
	3212, Reason code L, Level 4	Printed copy of authorization	
	Group Care Packet	Packet reviewed by Group Care Coordinator	
	Foster Care Payment Plan Worksheet, DSHS 15-257	Payment Plan Worksheet	
	Multi-disciplinary team recommendations	Multi-disciplinary recommendations	
	Safety and Supervision Plan	Copy of plan included	
	Exception Request DSHS 5-210(X)	Signed by the Regional Administrator	
COMMENTS			
Service Code 3247 may not be authorized until all of the above have been completed and approval from the Foster Care Program Manager is obtained. Send this checklist with the documents attached to: Foster Care Program Manager MS 45710			
APPROVED BY			
SUPE	RVISOR'S SIGNATURE:		DATE: